Pennsylvania Public Utility Commission Bureau of Administration PO Box 3265 Harrisburg, PA 17105-3265 For questions call: 717-783-6806 e-mail Reports to: RA-Act13-Fiscal@pa.gov

## **UNCONVENTIONAL GAS WELL FUND USAGE REPORT**

Calendar Year Reporting: <u>2014</u>	SAP Vendor No.:	
County: <u>Centre</u> Name of Municip	pality: Howard Towns	hip
County / Municipal Website: <u>Centre County Pa</u>	2. gov	
Contact Name: Sheila Yoder	Title: <u>Sec-Treas</u>	VIIII
Address 2:	Email Address; <u>Howar</u>	d Township (a conca-
Address 2:	Telephone No.: (8/4)625	ร์- <u>28//</u> ext:
City: Howard	State: <u>PA</u> Zip Code;	1/084/
TOTAL AMOUNT OF FUNDS RECEIVED:	781.01	
USE OF UNCONVENTIONAL GAS WELL FUNDS		AMOUNT
Construction, reconstruction, maintenance and repair public infrastructure.	r of roadways, bridges and	2781.01
2. Water, storm water and sewer systems, including con maintenance and repair	struction, reconstruction,	
3. Emergency preparedness and public safety, including services, hazardous material response, 911, equipment services		7 4
4. Environmental programs, including trails, parks and replain management, conservation districts and agricult		
5. Preservation and reclamation of surface and subsurfa supplies	ce waters and water	
6. Tax reductions, including homestead exclusions		,
7. Projects to increase the availability of safe and afforda	able housing to residents	
8. Records management, geographic information system technology	ns and information	
9. The delivery of social services		~··
10. Judicial services		
11. Deposit into the municipality's capital reserve fund if a purpose set forth in Act 13 of 2012	the funds are used solely for	
12. Career and technical centers for training of workers in	the oil and gas industry	
13. Local or regional planning initiatives under the act of J 247), known as the Pennsylvania Municipalities Planni	the state of the s	
14. TOTAL FUND USAGE (This amount must equal the an	nount entered in the "Total	2781.01

Calendar Year Reporting: <u>2015</u>	sap Vendor No.: 145749  cipality: Howard Township
County: <u>Centre</u> Name of Munic	cipality: Howard Township
	*
VERIFICATION	STATEMENT
I, the undersigned, hereby state that the facts above s	set forth are true and correct (or are true and correct
to the best of my knowledge, information and belief)	) and that I expect to be able to prove the same at a
hearing, if one is deemed necessary by the Public Uti	•
the statements herein are made subject to the penaltic	
	es of 1012.0.b. § 4504 (totaling to unitwork
falsification to authorities).	
Sheila Yoder	<u> </u>
Signature of Individual or Officer	Date
Name of person to be contacted for additional information	n: Sheila Yoder

Phone Number: (8/4) 625 - 28//

Email: Houned Township @ Concast. net